

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 10637600	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2	1						52				
3		2					53				
4		2					54				
5		2					55				
6		8					56				
7		2					57				
8		1					58				
9		2					59				
10		1					60				
11		1					61				
12	1						62				
13	1						63				
14	1						64				
15		3					65				
16		3					66				
17		3					67				
18		3					68				
19		3					69				
20		3					70				
21		3					71				
22		3					72				
23		3					73				
24		3					74				
25		1					75				
26							76				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	49						TOTAL DEP.				
TOTAL CLAIMS	54						TOTAL CLAIMS				